PTO/SB/05 (08-03)
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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attomey Docket No.	
First Inventor	ALDREA LOISE GUIN
Title	INLINE SKATE GUEDO
Express Mail Label No.	

See MPEF	APPLICATION ELEMENTS P chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
2. Appli Appli Subara Spec (prefe - Desi - Cross - State - Refe or a - Back - Brief - Deta - Clair	Transmittal Form (e.g., PTO/SB/17) nit an original and a duplicate for fee processing) cant claims small entity status. 37 CFR 1.27. iffication [Total Pages] iffication [Total Pages] iffication (Total Pages] iffication (Total Pages) iffication	P.O. Box 1450 Alexandria VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 9] 5. Oath or Declaration [Total Sheets 2] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d))2 and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:							
Continuation Divisional Continuation-in-part (CIP) of prior application No.:							
	19. CORRESPO	NDENCE ADDRESS					
☐ Custon	ner Number:	OR Correspondence address below					
Name	GORBON THOMSON						
Address 1353 MOUNTAINGIDE CEESCENT							
City	OTTAWA	State ONABO Zip Code KIE365					
Country	CAWADA	Telephone 6130346166 Fax 613034616					
Name (Print/Type) Andrea Guyon Registration No. (Attorney/Agent)							
Signature	ander Heyon	Date					
This collection of							

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)3\$5.00

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	ANDREA	Louise	Guypa			
Examiner Name						
Art Unit						
Attomey Docket No.						

METHOD OF PAYMENT (1. 1. 11.11.11.11.11.11.11.11.11.11.11.1						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Credit card Money Other None	_ · ·					
Deposit Account:	Large Entity Small Entity					
Deposit Account	Fee Fee Fee Code (\$) Fee Description					
Number	1051 130 2051 65 Surcharge - late filing fee or oath	ee Paid				
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination					
Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to					
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to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action					
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month					
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month					
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month					
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month					
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month					
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal					
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal					
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing					
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 3,85	1452 110 2452 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional					
_ Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)					
Total Claims Extra Claims below Fee Paid	2502 240 Design issue ree					
Independent Claims - 3** = X	1503 640 2503 320 Plant issue fee					
Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner					
Large Entity Small Entity	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)					
Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40 8021 40 Recording each patent assignment per property (times number of properties)					
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection					
1203 290 2203 145 Multiple dependent claim, if not paid	(37 CFR 1.129(a))					
1204 86 2204 43 ** Reissue independent claims	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))					
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$)	SUBTOTAL (2) (\$) Other fee (specify)					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						

SUBMITTED BY					(Complete	(if applicable))
Name (Print/Type)	Audresa	Louisa	Guras	Registration No.	Telephone	250 200
Signature	Andrea	1/	Copyco	(Attomey/Agent)		230-300-60+7
	1 / JAN CIKER	<u> Accesor</u>			Date	100.12,2003

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USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application for reducing the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0651-0031

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(to be used for all corre	spondence after initial fi	iling)	Art Unit					
			Examiner Na	ame				
Total Number of Pages i	n This Submission	64	Attorney Do	cket Number				
		ENC	LOSURES	(Check all tha	t apply)			
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Amendment/Rep	ly	Ш	Petition			ppeal Co	ommun	nication to Group rief, Reply Brief)
After Fina	al		Petition to Con Provisional App			roprietar		
Affidavits/	/declaration(s)		Power of Attorn	ey, Revocation espondence Addr		tatus Let		
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I hereby certify that this co sufficient postage as first of the date shown below.	prrespondence is beir class mail in an envel	ng facsin lope add	nile transmitted Iressed to: Con	to the USPTO or a missioner for Pate	deposited with the ents, P.O. Box 14	United 5	States I	Postal Service with VA 22313-1450 on
Typed or printed name			<u>.</u>					
Signature						Date		

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